

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Urinal ny128 CSS 22157 Date of Visit: 12-27-19

Contractor Personnel on Site:

- | | |
|----------------------------|----------|
| 1. <u>Richard Postulka</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | |
|---|
| 1. <u>Remove Urinal Flush valve and rebuild</u> |
| 2. <u>Install valve rebuild kit and seals</u> |
| 3. <u>Install Vacuum breaker assembly</u> |
| 4. _____ |

Inspection, Testing, and Certification

- | |
|--------------------------|
| 1. <u>Test for leaks</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Other Recurring Services

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls – Service Call Number and Description

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

Over and Above Repair Work – Order Number and Description of Work Completed

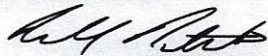
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Postulka

Date: 12-27-2019

Signed: _____



To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Michael Moseman

Date: 01-06-2020

Signed: _____

michael moseman

E-Mail: michael.moseman.ctr@mail.mil